First Aid Policy

(Incorporating Supporting Children with Medical Conditions)

At Ruislip Gardens Primary School we believe in an ethos that values the whole child.

We strive to enable all children to achieve their full potential academically, socially and emotionally.

Aim

The aim of this policy is to ensure that there are processes in place to safeguard the health, safety and care of our pupils and to ensure that procedures are in place to cater for all identified children with medical conditions.

Sections within this policy:

1. Section 1 : Responsibilities
2. Section 2 : Administration of Medication
3. Section 3 : Storage of Medication
4. Section 4 : First Aid & dealing with minor ailments
5. Section 5 : Supporting Children with Medical Conditions in Schools
    a. Epi pens and Analphylaxis
    b. Asthma
    c. Diabetes
    d. Eczema
    e. Epilepsy
6. Section 5 : Needlestick Policy (provided by Borough)

Introduction

Most children at some time have a medical condition, which could affect their participation in school activities. This may be a short term situation or a long term medical condition which, if not properly managed, could limit their access to education. The Governors and staff of Ruislip Gardens Primary School wish to ensure that children with medical needs receive care and support in our school. We firmly believe children should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should they be denied access to school or other activities

Section 1 : Responsibilities

Head Teacher and Governing Body Responsibilities

The ultimate responsibility for the management of this policy lies with the Head Teacher and Governing Body. The governors will receive termly reports on Health & Safety matters from the Headteacher including reports of any incidents. The governing body will regularly review the School's first aid needs as part of its annual review of Health & Safety at the school to ensure the provision is adequate. They are responsible for ensuring a risk assessment of the first aid requirements of the school is undertaken annually.

The Headteacher must ensure that signs relevant to the contents of this policy are displayed throughout the school providing the following information:

- Names of employees with first aid qualifications
- Location of first aid equipment

The Headteacher is required to inform all parents/guardians of the school's first aid arrangements; which are made available on the school website.

Employees' Responsibilities

The Headteacher is responsible for implementing the governing body's policy via the Welfare Officer and all other members of staff and for ensuring the development of detailed procedures.

Anyone caring for children, including teachers, other school staff have a common law duty of care to act like any reasonably prudent parent. This duty extends to staff leading activities taking place off site, such as visits, outings or field trips and may extend to taking action in an emergency. Teachers/child care practitioners who have children with medical needs in their care should understand the nature of the condition, and when and where the child may need extra attention. All staff (teaching and non-teaching) should be aware of the likelihood of an emergency arising and be aware of the protocols and procedures for specific children in school through attending training provided, reading individual health plans devised for individual children and completing risk assessments when necessary

All employees are to familiarise themselves with, among others, the Health & Safety and First Aid policies. This instruction is outlined in the staff Induction Handbook. This includes:

- The arrangements for first aid
- The employees with qualifications in first aid
- The location of first aid equipment
- The arrangements for recording and reporting accidents

Parents Responsibilities

Parents/carers have prime responsibility for their child's health and should provide school with up to date information about their child's medical conditions, treatment and/or any special care needed. If their child has a more complex medical condition, they should work with the school/other health professionals to develop an individual healthcare plan which will include an agreement on the role of the school in managing any medical needs and potential emergencies. It is the parent/carers responsibility to make sure that their child is well enough to attend school

Upon entry to school, parent/carers will be asked to complete admission forms requesting medical information. We also send out data sheets annually for parents/carers to check and amend to ensure all our records are up to date. The onus is on the parent to ensure that is circumstances change that they make the school aware of these as soon as is practical.

Section 2 : Administration of Medication

The school will only administer medication that is prescribed by a child's Doctor. If a child is required to take prescribed medicine during the school day, parents are requested to complete a consent form from the School Office or the Welfare Officer detailing administering instructions. Medication must be brought into school in its original container and given to the Welfare Officer or the School Office. Pupils must not keep their own medication in school. Non-prescribed medicines are not administered to children at school.

When a child has been off sick, parents/guardians should ensure that the child has received sufficient doses of a course of medicine to alleviate the condition before the child returns to school. Staff will then administer appropriate remaining doses of the course if required to do so.

Children requiring medication to be stored for the topical treatment of conditions must provide prescribed medication and must complete the relevant permission form before the medication can be left here. Epi Pens will be required twice over, one to accompany a child from room to room in the class medical bag, one to be kept in the Medical Room as per Hillingdon Borough's Epi Pen policy.

With regards to Asthma sufferers, with effect from 1st February 2015 a parent/carer must provide 1 blue inhaler and 1 spacer to the school. This will be stored in the class medical bag. The school have purchased 4 Emergency Kits (comprising 2 spacers and 1 blue inhaler) these are stored in the Medical room, in each of the 2 trip medical bags and at the Medical station in the Reception classroom in the new end of the building. Where possible and feasible a child will use their own spacer in the event of an asthma attack. In the event that a school spacer is used from the Emergency Kit this spacer will be labelled and be set aside for future use by that individual child and the school will purchase a new spacer for the Emergency Kit

Whilst the medical officer will notify parents when an item is about to expire it is also the parent's responsibility to note the dates that medications will expire and to proactively provide a replacement item to the school as and when the time comes.

Section 3 : Storage of Medication

All medication that is required to be in school will be stored in the Medical Room and in the class medical bag.

The Welfare Officer my receive the medication direct to the Medical Room if it is the first prescription of the medication in order that permission forms can be signed and a full understanding of the requirements can be discussed. The Welfare Assistant is responsible for monitoring the expiry date of any medications of for advising parents that replacement medication is required. Parents should also diarise replacements dates for any lifelong or long term medications. Ultimate responsibility is with the parent. The school cannot be held responsible for out of date medication.

The Welfare Officer will return expired items to the parent for their safe disposal.

Where items are required to be stored in a fridge they will be placed, clearly marked, into the fridge in the Medical Room.

Section 4 : First Aid

Aim

Health & Safety legislation places responsibility on schools to protect their staff, students and visitors. Therefore the school must have a health and safety policy; this must include arrangements for first aid, based on a risk assessment of the school, and must include:

- the school's first aid policy
- qualified first aiders/appointed persons
- locations of first aid equipment
- arrangements for offsite activities and trips
- out of school hours arrangements, e.g. lettings, parents' evenings etc.

Provision of First Aid

First aid at the school is delivered primarily through the employment of a Welfare Officer and a team of trained first aiders.

Accidents resulting in injury or ill health effects will be notified immediately to the appointed person or the nearest first aider to facilitate first aid treatment. Where injuries are serious enough to warrant hospital treatment staff must telephone 999 for an ambulance to transport the patient to hospital, inform the next of kin and the Head teacher. Where a child is sent to hospital a member of staff will accompany the child in the event that a parent cannot be contacted or time will not allow us to wait.

The school will provide materials, equipment and facilities as set out in DfEE 'Guidance on First Aid for Schools'.

The location of first aid equipment in school are:

- Reception Area
- Main Kitchen
- Medical Room
- Year 2 Area
- Nursery

The equipment must be checked on a regular basis by the Welfare Officer.

First Aiders

It is the policy of the school that there will be sufficient numbers of trained first aiders on the site at all times. First aiders must have completed a training course (First Aid at Work) approved by the Health & Safety Executive (HSE). Employees with current certificated training are listed in the Medical Room and in each classroom. It is recommended that there must be:

- one first aider per 50 employees
- one first aider per 300 students
- specially trained personnel in accordance with the school risk assessment
- suitably qualified personnel for out of hours, out of term and out of school activities.

The main duties of the first aiders are:

- to give immediate help to persons with common injuries or illnesses
- to administer medicines in accordance with this policy
- to ensure that professional medical assistance is called when required

Contractors are expected to maintain their own first aid equipment and provide their own trained first aiders. They will be allowed to use the school first aid equipment either in an emergency or after negotiation with the school. If the school's first aid equipment is used the Welfare Officer must be notified so that replenishment can be organised.

Appointed Persons

Appointed persons are not first aiders. They do NOT give treatment for which they have not been trained. However, Ruislip Gardens Primary School endeavors to follow good practice in ensuring that appointed persons have emergency first aid training covering what to do in an emergency; cardiopulmonary resuscitation, first aid for the unconscious casualty and first aid for the wounded or bleeding.

An appointed person is someone who takes charge when someone is injured or becomes ill, looks after first aid equipment and ensures that an ambulance or medical help is summoned when appropriate.

Procedure for dealing with minor ailments and injuries during the school day

A child may not elect to take themselves to the Welfare Room, they must be sent their by a member of staff. In the classroom setting it will be the Teacher or Teaching Assistant who takes that decision, during lunch and playtimes it will be the SMSA (outdoor assistant) or the Kitchen staff or any member of the Teaching staff who come into contact with the child who will take the decision to direct a child to the Welfare Room.

First aid will be administered to the child by the Welfare Office or other first aider. Contact will be made with a parent/carer where the injury or ailment is considered to be more than an average occurance, has caused a bad cut or injury or will leave the child with a significant mark or if it is considered that a child should be sent home.

Recording Accidents and Incidents

A record of treatment given must be maintained by the qualified first aider, or appointed person. These records shall be used in conjunction with the accident reporting and investigation procedures as a means of accident prevention. Accurate recording is invaluable if further medical attention is required or if legal action is considered by those involved in an accident.

All accidents are recorded in the Accident log Book (electronic document) in the Medical Room by the Welfare Officer or the trained first aider. Where a child has received a bump to the head, serious fall/accident, been given prescribed medication or Asthma medication, a slip is completed for the child to take home. In the instance of bumped heads a notification bracelet is put on the child's wrist to identify that child must be watched for signs of concussion by the class teachers and parents. Where appropriate a telephone call is placed to the parent/carer to notify them of the injury or ailment. Where a child has sustained a significant but non-threatening injury a call is placed to a parent/carer so that, if necessary, the child can be collected from school.

When there is a requirement to report under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995) the Welfare Officer will make the appropriate report to the HSE.

A member of staff, who witnesses, is first on the scene or first to be informed of any major accident, dangerous occurrence or near miss will complete the on-line report form on 'Safety Net' as soon as possible. The appointed person will investigate all major incidents reported by staff. Investigations may involve consultation with Safety Representatives with the aim of identifying the cause and implementing preventative strategies. The school will keep a record of all accident/incident and investigations.

Compliance with RIDDOR regulations

The Head teacher will determine which accidents and dangerous occurrences are required to be notified to the Health and Safety executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. (RIDDOR)

These incidents must be reported to OSENS Hillingdon Safety Net within 10 days of the incident; In the event of a major injury or fatality the notification must be immediate by telephone (0845 300 99 23), with written confirmation using the form F2508 or via website http://www.hse.gov.uk/riddor/ .

Procedure for dealing with spillage of body fluids

Staff, on becoming aware of an incident including spillage of body fluids, must make the area clear and safe and call for assistance from the Site Manager. The Site Manager will deal with the spillage using specialist materials which are held for this purpose.

Off site activities

When students are on approved school trips, first aid arrangements are detailed in the risk assessment. Medical contact and information forms are sent to all parents/guardians to supply detailed information on students' medical conditions. The forms accompany the staff in charge of the visit and information can be made available to any medical authority in the country.

Trip of less than 24 hours

A designated member of staff must have a suitably equipped first aid kit along with individual pupil's medication such as inhalers, epipens, insulin etc. and will be issued with a mobile telephone to summon aid if required.

Trip exceeding 24 hours

Parents are asked to complete the appropriate medical form so that all staff are aware of any specific medical conditions and can act appropriately.

Dealing with minor ailments

Childhood illnesses

Parents/carers should follow the Health Protection Agency guidelines for childhood illnesses and abide by these when considering whether their child should attend school. The list illnesses is many and varied so families can visit http://www.hpa.org.uk or discuss their specific circumstance with the school Welfare Office.

We have elected to cover some of the more common ailments below as they do cause confusion amongst our parent community.

Headlice

Any case of head lice should be reported to the school. Where a case of headlice is identified during the course of the school day parent/carers will be advised on an appropriate course of action as advised by the local health authority. The child will be sent home from school upon identification of the head lice being present and may return as soon as treatment has either begun or been undertaken in order to avoid the spread of the headlice.

Conjunctivitis

A child with conjunctivitis may remain in school provided treatment has begun. The child will be advised to follow good handwashing techniques during the course of the ailment.

Diarrhoea/Vomiting

No child can remain in school if they have either diarrhoea or vomiting in order to limit the spread of these conditions. The child must not return to the setting until they are 48 hours clear i.e. have not had these symptoms for at least 48 hours.

Section 5 : Supporting Children with Medical Conditions in Schools

The school recognises that there are many common conditions affecting many children and young people, and welcomes all children with these conditions and others. The school believes that every child has a right to participate fully in the curriculum and life of the school, including all outdoor activities and residential trips. The school ensures that all staff in the school have a good understanding of any conditions that a child may have, through relevant training and does not discriminate against any child who is affected by their condition.

The school work with a child's family to gather the relevant information about a child's condition and to share that efficiently and effectively within the school as appropriate.

Individual Health Care Plans (IHCP)
The main purpose of an IHCP is to identify the level of support that is needed at school for an individual child. The IHCP clarifies for staff, parents/carers and the child the help the school can provide and receive. These plans will be reviewed annually or more frequently at the request of parents/carers or the school, or as required
An IHCP will include:

· details of the child's condition
· what constitutes an emergency
· what action to take in an emergency
· what not to do in the event of an emergency
· who to contact in an emergency
· the role the staff can play
· special requirements e.g. dietary needs, pre-activity precautions
· any side effects of medicines

A copy will be given to parents/carers, class teachers/childcare practitioners and a copy will be retained in the medical needs file in the office and the child's individual file The general medical information sheet given to all staff will indicate that the child has an IHCP.

Communicating Needs
A medical file containing class/childcare lists together with an outline of any medical condition and actions to be taken is available to all teaching and non-teaching staff (including Lunchtime Supervisors and Activity Leaders) in the welfare office. Individual Health Care Plans for children are kept in the classroom/welfare room where they are accessible to all staff involved in caring for the child.

Physical Activity
We recognise that most children with medical needs can participate in physical activities and extra-curricular sport. Any restrictions in a child's ability to participate in PE or specific physical activities should be recorded in their IHCP. All staff should be aware of issues of privacy and dignity for children with particular needs.

School Visits
When preparing risk assessments staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits. Sometimes additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent/carer or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned in accordance with our policy on administering medication and as part of the risk assessment and visit planning process. A copy of IHCP should be taken on trips and visits in the event of information being needed in an emergency.

Residential Visits
Parent/carers of children participating in residential visits will need to complete a consent form giving details of all medical/dietary needs. Administration of medicine forms need to be completed prior to the day of departure and all medication which needs to be administered during the course of the visit should be handed directly to the trained first aider accompanying the group before leaving the school at the start of the visit.

EPI PENS AND ANAPHYLAXIS

Anaphylaxis can be triggered by foods (nuts, shellfish, dairy products) or non foods (wasp and bee stings, certain medicines, even exercise). The symptoms of anaphylaxis can be identified by effects on the respiratory system, cardiovascular system, gastrointestinal system, skin, nervous system and genitourinary system. Any child requiring an Epi-Pen to be on standby must have an up to date treatment plan which should be replaced after the child's review at hospital with the updated copy.

If an Epi-pen is required in school then we must have two, one to be kept in the welfare room and one to be kept in the classroom.

Audits are undertaken by the School Nurse attached to Ruislip Gardens Primary and support given where required.

How will staff know which children might need an epipen? Photographs of all children needing an epipen can be found in Welfare Room, staff room and in classrooms of individual children. Children's Individual Health Care Plans are kept in classrooms copies are also stored centrally in the Medical File in the welfare room and in individual children's files. How will staff know when and how to administer an epipen? There will be annual training sessions for all staff.
ONLY STAFF WHO HAVE HAD THE PROPER TRAINING ARE PERMITTED TO ADMINISTER AN EPI-PEN.

In the event of an attack it is important to administer an epipen as soon as possible and then call 999 for an ambulance, stating **CHILD HAVING ANAPHYLAXES ATTACK** and then contact the parent/guardian. It is important that the child is monitored at all times and if there is a delay in the ambulance arriving, then the 2nd Epi-pen should be administered.
ON NO ACCOUNT MUST THE CHILD BE TAKEN TO HOSPITAL USING PRIVATE TRANSPORT.

In the event that a child does not have an epi-pen in school or their epi-pen is out of date the school reserves the right to refuse entry to that child until the medication is in school. Also, the school reserve the right to refuse entry for any child who does not have an accurate, relevant and valid care plan in place and that child requires an epi-pen to be administered in the event of an anaphylactic reaction.

ASTHMA

Administering Inhalers

A. Preventative Inhalers, generally BROWN in colour and containing steroids.
Are normally administered night and morning and therefore are not to be sent into school. Any sent into school will be returned.

B. Relief Inhalers - These are generally BLUE in colour and kept in each classroom. With effect from 1st February 2015 a parent/carer must provide 1 blue inhaler and 1 spacer to the school. This will be stored in the class medical bag. The school have purchased 4 Emergency Kits (comprising 2 spacers and 1 blue inhaler) these are stored in the Medical room, in each of the 2 trip medical bags and at the Medical station in the Reception classroom in the new end of the building. Where possible and feasible a child will use their own spacer in the event of an asthma attack. In the event that a school spacer is used from the Emergency Kit this spacer will be labelled and be set aside for future use by that individual child and the school will purchase a new spacer for the Emergency Kit.

In the interim period between now and 1st February 2015 the school will continue to require two inhalers and two spacers for each child with one being stored in the class medical bag and one in the medical room.

1. Relief inhalers are available for the children to use in emergency with the teachers assistance, i.e. when breathless, coughing or wheezing.
2. A medical notebook is kept in the class bag.
3. A record of the child's name, dosage, date, time and when it is taken must be recorded in the medical notebook in the bag and initialled by the class teacher or other adult assisting the child to administer the medication.
4. The Welfare Officer must be notified of any change in the pattern of a child's use of his or her relief inhaler.
5. A spare relief inhaler is kept in the Medical Room.
6. **STRICT RULES**
   1. No children other than those with medication are allowed to touch these containers.
   2. Each child is only permitted to take his or her own medication out of the bag.
7. Playtimes and Lunchtimes:
   a. Should a child have an attack at playtime, one of the Staff on duty should take the child to the Medical Room, if this is not possible the child's medication should be taken to the child.

b. At lunch time should a child have an attack, the SMSA should take the child to the medical room to see the Welfare Officer.
c. All of the children must use their inhalers via a volumatic spacer.

The Asthma Attack : what to do
If a pupil with Asthma becomes breathless and wheezy or coughs continually:

- Keep calm. It is treatable.
- Let the pupil sit down in a position they find most comfortable. Do not make them lie down.
- Assist the pupil to take their blue inhaler.
- If the child's inhaler is not in school or has run out of capsules:
  a. Call the parents or the emergency contact adult
  b. Check the attack is not severe
- Wait 5 - 10 minutes.
- If the symptoms disappear, the pupil can go back to what they were doing.
- If the symptoms have improved, but not completely disappeared, call the parents or emergency contact adult. If the parents cannot be contacted, give another dose of the relief inhaler while still trying to contact them.
- If normal medication continues to have no effect: Call ambulance and alert senior / responsible member of staff.
- In emergency, if no adult can be reached, the Welfare Officer will accompany the pupil to the casualty department of Hospital straight away.
- If parents have not been contacted someone will continue to try to reach them.
- Keep trying with the usual reliever inhaler every 5 - 10 minutes until you hand them over to the Ambulance/Medical staff.

Sharing Information

Parents should be encouraged to discuss their children's Asthma with the Welfare Officer, giving full details of treatment together with clear guidance on correct usage. The school will strongly encourage the use of an Asthma card available from the G.P. at clinics or from the school welfare office.

It is important that when visiting the Doctor/Asthma Clinic that you get an up to date card from them and then hand this card to the Welfare Officer to make any necessary changes.

Teachers should share with their colleagues and the Welfare Officer information and concern about individual children's Asthma and the policy in general.

The school has a responsibility to advise ALL staff on Asthma management. An important role can be played by the Welfare Officer, the School / Asthma Clinic Nurse, who can give valuable information through staff meetings, workshops, parents evening etc. as well as being available to discuss problems when they arise.

There will be a Staff Meeting once a year when the Paediatric Respiratory Nurse from Eastcote Health Centre will give a talk on Asthma in schools and will remind the staff on how to administer the inhalers.

DIABETES

We recognise that Diabetes should not be taken lightly because it is a very serious condition, and could result in a Hypoglycaemia attack (Hypo) where blood sugar level become too low, or a Hyperglycaemia attack (Hyper) where blood sugar levels become too high. Prompt medical attention will then be required to rectify the chemical and sugar imbalance in the blood. Children who are diabetic need supervision and careful monitoring so that staff are aware of any changes in the child and are able to take immediate action if they should need to. All children with Diabetes in school will have their own IHCP. Each child with diabetes will have an emergency box labelled with their name and photograph and containing any relevant equipment required to control a hypo or hyper attack.

ECZEMA

We are aware that active (acute) eczema causes constant itching and can mean sleepless nights and daytime drowsiness. We recognise that children who suffer with eczema may need the support of school staff to help them deal with this condition and that they may need help to apply emollients.

EPILEPSY

IN THE EVENT OF A CHILD HAVING AN EPILEPTIC SEIZURE
Stay calm
If the child is convulsing then put something soft under their head
Protect the child from injury (remove harmful objects from nearby)
NEVER try and put anything in their mouth or between their teeth
Try and time how long the seizure lasts – if it lasts longer than usual for that child or continues for more than five minutes then call medical assistance
When the child finishes their seizure stay with them and reassure them
Do not give them food or drink until they have fully recovered from the seizure

Section 6 : NEEDLE STICK INJURY

Needlestick/Sharps Injury Policy provided by Occupational Health Unit, London Borough of Hillingdon

Occupational Health Unit Contact Details
2 North, Civic Centre, Uxbridge, Middlesex, UB8 1UW
Telephone : 01895 250598
Fax : 01895 277076
E mail : OHUServiceDesk@hillingdon.gov.uk

1. Scope

This policy applies to all employees of the London Borough of Hillingdon.

2. Purpose

This policy has been developed to provide clear guidelines for employees on the management of needle stick injuries and exposures to blood and body fluids, to reduce the risk of transmission of infection resulting form the injury or exposure.

3. Policy

The policy advises and supports all employees, managers and Occupational Health Staff on the management of needle stick injuries and exposures to blood and body fluids, to reduce the risk of transmission of blood-borne virus transmission.

The policy describes the actions to be taken to reduce the risk of the major blood-borne viruses; hepatitis B, hepatitis C and human immunodeficiency (HIV) infection developing following the injury.

4. Routes of transmission

Sources of infection are infected people, contaminated objects, sharps, equipment.

Blood borne viruses are transmitted through entry of blood or other body fluids containing virus into the body of a susceptible person. This may occur –

- through skin puncture with blood contaminated sharp objects such as needles, instruments or glass
- via blood transfusion
- through contamination of open wounds and skin lesions such as severe eczema
- through splashing the mucous membranes of the eye, nose or mouth
- through human bites when blood is drawn;

And also contaminated instruments used for tattooing, body piercing and electrolysis. through unprotected sexual intercourse and by sharing injecting equipment.

5. Definitions

Needlestick injuries

Injuries caused by hypodermic needles

Injuries

Wounds caused by sharp objects, which are stained with blood

Splashes

Contact of blood/blood stained body fluids with the eyes and / or mouth

Exposure

Contact of blood/blood stained body fluids with non-intact skin

Source person

A person whose blood or blood stained body fluids have come into contact with an employee by splashing into eyes, mouth or onto broken skin or by accidental injury. If the source person is unknown, the term source person unknown shall be used.

Accident area

The site of injury

Immediate care area

The area where the emergency management of the injured person is carried out

6. Responsibilities of the exposed person following the incident

The exposed person shall –

a) Encourage bleeding by gently squeezing the site of puncture; do not suck.
b) Wash the wound under running warm water and soap, and cover with an appropriate dressing. If contamination has occurred in the skin, eyes or mouth wash the area with plenty of water.
c) Immediately inform the manager/officer in charge.
d) Go to the Accident and Emergency Dept at Hillingdon Hospital within **one hour** of the incident.
e) Inform the hospital reception desk of the needle stick/sharp injury and ask to be seen by specially trained doctors.
f) Be available to attend all required screening, assessment and treatment.

7. Responsibilities of managers/officers in charge

It is essential that a risk assessment is conducted on all activities that could expose staff members to the risk of blood borne diseases. The risk assessment shall as a minimum include the –

- Nature of the work
- Exposure time/method
- Precautions in place

This was completed September 2014 Staff and governors, will review this policy every three years unless circumstances demand an earlier review

Once the level of risk is established appropriate control measures shall be identified and implemented to reduce the risk to as low as is reasonably practicable.

As a minimum the control measures shall incorporate Information, instruction and training on –

- Safe systems of work
- The use of appropriate personal protective equipment such as gloves and aprons
- First aid procedures and facilities available
- The means for reporting an accident or incident

If deemed necessary as part of the controls to prevent the transmission of blood borne viruses, the Hepatitis B vaccination shall be made available to staff at risk. Should a staff member be exposed to blood or any body fluids, if possible they shall request the source person to give consent for a blood sample to establish HIV, Hepatitis B and Hepatitis C anti-bodies; this should be organised through the person's doctor. The person has the right to refuse to provide a sample and it should also be understood that the person can still change his/her mind to provide consent to release the information even though he/she had agreed to a blood test initially.

The manager must conduct an investigation immediately following an accident or incident to –

a) Ensure that the appropriate first aid procedures are being carried out e.g. the injured person washes out the wound with lots of water/soap and cover the wound with a waterproof dressing
b) Establish if the injury has penetrated the skin, whether bleeding is present. If the injury has penetrated the skin or the contaminated blood /body fluids have been splashed onto broken skin / eyes then the manager must refer the person to the **Accident and Emergency Dept at Hillingdon Hospital within one hour of the** incident. To ensure the quickest response possible it may be necessary for the manager to pay for transport to and from the hospital for the injured person.
c) Record the incident with details of how it happened
d) Refer the exposed person to the Inform the Occupational Health Unit as soon as possible.
e) Ensure that the injured person clearly understands the need to attend follow up screenings and health surveillance.

8. Responsibilities of the Occupational Health Staff

8.1 Immediately upon being notified of a needle stick injury, the responding member of Occupational health staff shall –

a) Check that appropriate first aid measures have been applied at the immediate care area
b) Assess the injury and advise appropriately
c) Ensure that the exposed person attends the accident and Emergency dept at Hillingdon Hospital within one hour
d) Record the details of:

- Time of injury
- Name of exposed person
- Name of source person if available
- Place of incident
- Circumstances under which it took place

8.2 Should the exposed person attend the Occupational Health Unit before the hospital, the responding member of Occupational health staff shall –

a) Assess the injury
b) Obtain previous vaccination history
c) If possible, ensure that written consent is obtained for testing for HIV
d) Fill in the request forms for HIV, Hep B and Hep C for serum storage and status and baseline testing before administration of treatment.
e) Send the exposed person to Hillingdon Hospital

8.3 As soon as possible after the injury arrange for follow up testing at Hillingdon Hospital along the following time frames –

- HIV screen at 12 weeks and 24 weeks
- Hepatitis B screen at 6 weeks, 12weeks and 24weeks after the injury
- Hepatitis C screen at 6weeks, 12weeks and 24weeks after the injury

8.4 In addition, following an exposure the Occupational Health Unit shall –

a) Inform the exposed person of the blood test results in writing.
b) Provide any follow up support as necessary for the individual and close contacts such as the family, partner and spouse.

c) Advise the exposed person that they can also contact The Health Protection Agency at Colindale, London on 0208 327 6423/7152/7095 or the local Health Protection Agency based at Wembley on 0208 782 1144 for further advice or information.
d) Notify The Health Protection Agency at Colindale at 6 weeks and 6 months post exposure if post exposure prophylaxis (PEP) is prescribed by the Hillingdon Hospital.

9. Post Exposure to Hepatitis B

It is important to try to obtain a blood specimen from the source (with consent) to establish HbsAG status (Hepatitis B surface antigen). However working in certain areas where source persons have learning difficulties, obtaining the sample is difficult or impossible. Some people may refuse to provide a sample and sometimes the source is unknown.

Hepatitis B immunoglobulin (HBIG) is available for passive protection and is normally used in combination with hepatitis B vaccine to confer passive/active immunity after exposure. HBIG can be obtained from The Health Protection Agency at Colindale. The chart in Appendix 1 shows HBV prophylaxis after sustaining any sharp injury/contamination incident.

10. Post Exposure to Hepatitis C

There is no post exposure prophylaxis for Hepatitis C. Serological testing and storage should be considered after significant exposure. The serum should be stored for at least two years. Hepatitis C screening is carried out at 6 weeks, 12 weeks and 24 weeks.

11. Post Exposure to HIV (Human Immunodeficiency Virus)

Depending on the risk assessment of the injury anti-retoviral medication should be given within the hour. The drugs will reduce the risk of infection and pre and post test counselling should also be offered. An informed signed written consent must be obtained from the exposed person before screening for HIV can go ahead.

12. When to consider Post-Exposure Prophylaxis (PEP)

Post exposure prophylaxis should be considered only when there has been exposure to blood or other high-risk body fluids known to be or strongly suspected to be infected with HIV. These fluids include: amniotic fluid, vaginal secretions, semen, saliva in association with dentistry, and tissues.

Post-exposure prophylaxis should not be considered following contact through any route with low risk materials e.g. urine, vomit, saliva, faeces, unless they are visibly blood stained.

13. Pregnancy

Decisions to take PEP during pregnancy should take account of the balance of risks, but should not be withheld where the risks of HIV infection are thought to be significant. Expert advice should be sought from The Health Protection Agency.

14. Counselling and follow-up

Immediate advice is available from special personnel at The Tudor Wing, Hillingdon Hospital. Confidential counselling is provided, however, the exposed person must provide an informed written consent for pre and post counselling for HIV to go ahead.

15. Control measures to avoid contamination:

The following control measures shall be applied as appropriate in all safe systems of work designed to avoid contamination –

- Do not put used needles back in its original cover; re-capping and re-sheathing must be avoided
- Do not break or bend needles
- Do not remove needles from syringes
- Do not pass un-sheathed needle and syringe combination or other sharps from one person to another
- Never leave sharps in a uncontrolled location
- Always keep a Sharps container immediately to hand to receive used needles and syringes
- Always securely close and seal Sharps containers when three-quarters full
- Always wear protective gloves or other suitable PPE when dealing with body fluids particularly blood
- Effective hand washing and drying of hands
- Cover any areas with broken skin that is exposed
- Vaccination programme
- A system for the prompt reporting of accidents and incidents
- Obtain advice from The Health Protection Agency if in doubt or for further information or queries
- Appropriate information, instruction and training with a record of provision kept for all staff members who deal with sharps and needle stick injuries
- A system for reporting any misuse of handling sharps to management

Appendix 1: HBV Prophylaxis for Reported Exposure Incidents

	Significant exposure			**Non-significant exposure**	
HBV status of person exposed	**HBsAg positive source**	**Unknown source**	**HBsAg negative source**	**Continued risk E.g. healthcare worker**	**No further risk E.g. public**
≤ 1 dose HB vaccine pre-exposure	Accelerated course of HB vaccine* HBIG x 1	Accelerated course of HB vaccine*	Initiate course of HB vaccine	Initiate course of HB vaccine	No HBV prophylaxis Reassure
≥ 2 doses HB vaccine pre-exposure (anti-HBs not known)	One dose of HB vaccine followed by second dose one month later	One dose of HB vaccine	Finish course of HB vaccine	Finish course of HB vaccine	No HBV prophylaxis Reassure
Known responder to HBV vaccine (anti-HBs ≥ 10 miU/ml)	Consider booster dose of HB vaccine	Consider booster dose of HB vaccine	Consider booster dose of HB vaccine	Consider booster dose of HB vaccine	No HBV prophylaxis Reassure
Known non-responder to HB vaccine (anti-HBs < 10 miU/ml 2-4 months post-vaccination	HBIG x 1 Consider booster dose of HB vaccine	HBIG x 1 Consider booster dose of HB vaccine	No HBIG Consider booster dose of HB vaccine	No HBIG Consider booster dose of HB vaccine	No prophylaxis Reassure

- An accelerated course of vaccine consists of doses spaced at 0, 1 and 2 months. A booster dose may be given at 12 months to those at continuing risk of exposure to HBV.

Staff training

The school is responsible for ensuring that staff have appropriate training to support children with medical needs. Specific training and staff awareness sessions are held for children with highly individual needs prior to the child joining the school. Arrangements are made with appropriate agencies e.g. School Health to update staff training on a regular basis. Teaching and support staff are directed to attend epipen and asthma training annually.

Confidentiality

Staff must always treat medical information confidentially. Agreement should be reached between parent/carers and the school about whom else should have access to records and other information about a child and this will be detailed in their Individual Healthcare Plan. If information is withheld from staff, they will not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

Other agencies

The school nurse, paediatrician or other specialist bodies may be able to provide additional background information for school staff. Any requests or referral to these services will only be made with parental consent.

Monitoring and Evaluation

Staff and governors, will review this policy every three years unless circumstances demand an earlier revieww